



A sex worker is someone who exchanges sex for money, drugs, or other items of monetary value. Sex workers, their clients, and their regular partners have high risks of becoming infected with HIV or other sexually transmitted diseases (STDs). Factors such as stigma, homelessness, drug and alcohol abuse, and legal issues may further exacerbate sex workers' vulnerability to HIV (WHO, 2011).

Few studies have been conducted to examine rates of HIV and other STDs among sex workers in the United States. In one study carried out in Miami, 586 female sex workers were surveyed, and the prevalence of HIV among the group was 22.4%. In addition, all were heavily involved in drug and alcohol usage, 42% were homeless, and more than half had engaged in unprotected sex in the past month (Inciardi, 2006). A separate study with male street-based sex workers in Houston revealed a 26% positivity rate among the 152 men who had been tested for HIV (Timpson, 2007).

Many street-based sex workers live in poverty and often have a history of childhood sexual abuse, physical abuse, and mental health problems. Based on a qualitative study of the needs of female street-based sex workers, mental health care and drug treatment were cited as most important after basic food and shelter needs (Kurtz, 2005). A study conducted among 269 male sex workers in Virginia showed that 45% reported childhood sexual assault, 13% reported being diagnosed with a mental illness and 17% had been incarcerated, most for drug possession offenses (Taylor, 2007). Some coping strategies, such as dissociating emotionally from work and clients by using drugs, or trying to distinguish between work and non-work sex by forgoing condom use with regular partners, can worsen the situation (Rekart, 2005).

There are many challenges to effectively address HIV/AIDS among sex workers. The population is diverse and the reasons for entering sex work are

numerous. The World Health Organization's strategies to reduce sex work harm include: education through peer outreach and accessible materials; empowerment through self-involvement of community-based programs and acceptance by society; prevention by behavior change, voluntary testing and counseling, and condom use; and accessible, high-quality, and integrated care (Rekart, 2005; WHO, 2011).

Education, Empowerment, Prevention, & Care:

- Promoting condom use
- Detecting and managing sexually transmitted diseases (STDs)
- Communicating behavior change through peer outreach
- HIV testing and counseling
- Antiretroviral treatment
- Psychological care and social support

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